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CONFIRMATION NO. 7075

SERIAL NUMBER 10/645,191	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. SC-XOA-102	
APPLICANTS James J. Landi, West Orange, NJ; Michael Landi, Glen Ridge, NJ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/14/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
ADDRESS 530					
TITLE HUMAN LIMB/JOINT PROTECTIVE PAD AND METHOD OF MAKING					
FILING FEE RECEIVED 576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		